

Name of Foster Parents (s): PASCUA, Lilia

Date of Inspection: 5/4/21

**Department of Health
Developmental Disabilities Division
Adult Foster Home Corrective Action Report**

No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Discrepancy found for current diet order and doctor's visit note regarding one participant's diet order. Caregiver to obtain current and complete diet order from primary care physician. Caregiver to submit verification to Certification by 6/4/21.	5/10/21